CERTIFICATE OF MAILING

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Sharon I Tahor

Attorney Docket No. 741890-23

SIPE	IN THE UNITED STATES PATEN	Τ.	AND TRADEMARK OFFICE
APR 1 5 2004	Fig re PATENT application of)	
- ARY	Martin CALDWELL et al.)	Confirmation No. 4375
TRADENT	Application No. 10/048,165)	Group Art Unit: 3731
	Filed: January 29, 2002)	Examiner: Bradford C. Pantuck

RESPONSE TO ELECTION REQUIREMENT

RECEIVED

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

For: A SURGICAL ACCESS DEVICE

TECHNOLOGY CENTER 3700

APR 2 0 2004

Sir:

In response to the election requirement set forth in the Office Action mailed February 13, 2004, Applicants hereby elect Group 1, the invention according to claims 1-26 for examination on the merits. Applicants reserve the right to file one or more divisional applications to the non-elected embodiments of Groups 2 and 3.

Prompt examination of the application is respectfully requested.

Respectfully submitted,

Tim L. Brackett, Jr. Registration No. 36,092

NIXON PEABODY LLP 401 9th Street, N.W., Suite 900 Washington, D.C. 20004-2128 (202) 585-8000 (202) 585-8080 (Fax)

Dated: April 13, 2004



37.3//

	Application Number	10/048, 105		
TRANSMITTAL FORM	Filing Date	January 29, 2002		
(to be used for all correspondence after initial filing)	First Named Inventor	Martin CALDWELL		
(to be used for all correspondence with initial filing)	Group Art Unit	3731		

			Examiner Name	Bradford C. Pantuck			
Total Number of F	Pages in This Submission	6	Attorney Docket Number	741890-23			
ENCLOSURES (check all that apply)							
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks The Director is hereb		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Receipt Postcard			
Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		RECEIVED RE OF APPLICANT, ATTORNEY, OR AGENT APR 2 0 2004 Reckett, Jr., Reg. No. 36.092					
	SIGNATUI	RE OF APPL	ICANT, ATTORNEY, OR	AGENT AFT			
Firm or Individual name	Nixon Per 401 9th S Suite 900	abody LLP Street, N.W.					
Signature							
Date April 13,		2004					
CERTIFICATE OF MAILING OR TRANSMISSION							
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Name (Print/Type) Sharon L. Tabor							
Signature	Sharmo	f. Sa	bor	Date april 13, 2004			

O 1 P E C 27

FEF TRANSITITAL for FY 2004 Patent fees are subject to annual revision. Application Number | 10/048,165 | Filing Date | January 29, 2002 | First Named Inventor | Martin CALDWELL | Examiner Name | Bradford C. Pantuck | Art Unit | 3731

TOTAL AMOUNT OF PAYMENT (\$) 55.00			Attorney Docket No.			7	741890-23				
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)								
Check Credit Card Money Other None				3. ADDITIONAL FEES							
Deposit Account:			Large Entity Small Entity								
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			1052	50	2052	25		- late provision	nal filing fee or cover		
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2. EXTRA CLAIM	FEES FOR UTILITY	AND REISSUE	1806	180	1806	180	Submission	n of Informatio	on Disclosure Stmt		
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1204 86 220	1204 86 2204 43 ** Reissue independent claims over original patent original patent CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal										
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, on April 13, 2004							
	and Tr	<i>l</i>		on ccp	'A #	•	·				
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above				shown of Jabar							
SUBMITTED BY				nation N				Complete (if applicable)		
Name (Print/Type)	Tim L. Bracket	tt, Jr.		ration N ney/Agen		36,09	2	Telephone	(202) 585-80	00	
Signature				\rightarrow				Date	April 13, 2004	•	